

Richard Cordray, Franklin County Treasurer
Application for Refund of Tax Overpayment

Instructions: This form must be completed, signed, and notarized. Please provide payment verification for your overpayment claim (such as copies of the front and back of cancelled checks or the Treasurer's paid stamped receipt). Failure to do so will delay the processing of the claim. The application process may take up to 6 weeks based on the tax cycle, the volume of requests, and the amount of research required to verify the refund. Please call our office at 614-462-3438 with questions or for more information about the refund process. You will be notified of the status of your claim either by refund check or letter. Send complete applications to:

Richard Cordray, Franklin County Treasurer * Attn: Refunds * 373 South High St, 17th floor * Columbus, OH 43215

Refund Request Information:

Amount of overpayment: \$ _____ District/Parcel # _____ Tax Year _____

Owner's Name: _____ Property Address: _____

Check how the overpayment occurred (include attachments if necessary):

_____ Refinance (indicate name of mortgage companies involved)

_____ Transfer of Ownership (indicate Title Agency and Mortgage Company contact info)

_____ Overpayment or Duplicate Payment Made in Error (indicate by whom)

_____ Other (please explain)

Claimant's Name: _____ Phone Number: _____

Claimant's Address: _____ City _____ State _____ Zip _____

Are you a Professional Finder? (If yes, attach a valid Power of Attorney): _____ Yes _____ No

Mail Refund to the Claimant's Address listed Above: _____ YES _____ NO

If "NO" provide the name and mailing address.

Notarized Certification:

The undersigned makes claim to funds now in the Franklin County Treasurer's custody in the amount stated above. Having confirmed my interest in this claim to the Mortgage Company, Title Agency, or any other interested parties, and under penalty of perjury, I certify that the information provided on this form is true and correct. All supporting documents presented are original or true copies of the original documents. I also certify that I have a legitimate interest in the funds described above and will indemnify and hold harmless Franklin County, Ohio and its employees from any damages, claims, or losses of any kind resulting from payment of the above described funds to the claimant. Furthermore, I understand that any liability resulting from this claim remains with the undersigned.

Claimant's Signature: _____ Date: _____
(If claiming on behalf of a business, indicate both your name and the business name)

Print Name of Claimant: _____, State of _____ County of _____
Subscribed and sworn to before me this ____ day of _____, 20 ____.

Notary Public Signature

For office use only:

Date received: _____ Decision: _____ Warrant Info: _____

Research Notes: